Conclusion: Cleaning validation is best done with visual inspection combined with ATP test as these assessed cleanliness of both external surfaces and inner housing as well as the channels of medical devices. The ATP test is an objective and sensitive method compared to visual inspection.

OS 11-6

DIALYSIS AND ONCOLOGY UNIT AMALGAMATION — SHOULD YOU TAKE THE RISK?

Mal Butler [1]. *Epwoth HealthCare*

Purpose: Epworth HealthCare amalgamated the renal dialysis and day oncology units in 2012 in a purpose built area within a 700 bed acute hospital. Infection Prevention has monitored the patient infection rates and outcomes before and after the amalgamation to understand the impact of co horting the specialties.
Methods: The planning to combine the two areas began in 2010 with major research investigation and networking review to identify previous infection related outcomes from similar specialty amalgamations. Nil evidence was identified.
Epworth planned and built this model of care around a zoned separation using four chair areas. The remainder of the unit is a shared space including waiting areas, clean and dirty utility rooms, medication and pantry areas. The unit has share staff services for cleaning, food delivery, laundry and waste management. The area consists of twelve dedicated dialysis chairs and twenty oncology chairs with a four chair that can be used for either specialty with in excess of 280 patient attendances per week.
All infections are reviewed including bacteraemias and multi resistant organisms using definitions accepted for hospital surveillance to define either community acquired or hospital acquired. The method used is daily pathology results review, daily area rounding and an automated weekly readmission with infection report. There has been twice yearly ad hoc microbiology plating undertaken in the area.
Results: The review of all patient infections resulted in none that was attributable to the patient placement in the unit. Prior to the unit amalgamation there were two line related infections identified in twelve months. There was no clinical practice change in the three years.
Conclusions: Although we cannot say there is no risk, there is no evidence to date to recommend the cohabitation should not continue.

OS 11-7

PREVENTION OF NEEDLE STICK AND SHARP INJURIES AMONG HOSPITALS IN THAILAND

U. Akeau *, L. Suchada. *Faculty of Nursing, Chiang Mai University, Thailand*

Purpose: Hospital personnel are at risk of acquiring bloodborne infections from needlestick or sharp injuries (NSIs) while they are at work. This descriptive study aimed to determine the operation in prevention of NSIs of all levels of hospitals in Thailand, NSIs among hospital personnel and problems in prevention of NSIs of hospitals.
Methods: The study hospitals included all levels of hospitals in all regions, altogether 618 hospitals. The study period was during July 2010 to June 2011. Data were collected by sending a self-administered questionnaire to an infection control nurse of each study hospital by post.
Results: The response rate was 62.6%. The results of study revealed that 99.2% of the hospitals provided training for personnel, 97.2% conducted NSI surveillance and provided NSI prevention guidelines, 88.6% provided guideline for sharp waste management, 88.4% established NSI prevention policies, 84.8% provided injury prevention kits to personnel, and 76.5% gave Hepatitis B vaccine to personnel at risk. From 2007 to 2010, there were 3,679 - 4,121 NSIs occurring among hospital personnel of 296 to 339 hospitals; with an average of 11.6 to 12.4 injuries per one hospital. The major problem in NSI prevention was personnel problems which included a lack of awareness and negligence in following NSI prevention instructions, followed by administrative problems which included lack of directly responsible persons, lack of efficient NSI surveillance system, lack of appropriate containers for needle and sharp object disposal, and insufficient cooperation from departments, and workplace and environmental problems including the narrowness and insufficient brightness of the workplace.
Conclusions: The study results indicated the need to seriously and continuously promote and support hospitals in prevention of NSIs among hospital personnel in order to reduce the impact on personnel and hospitals.

OS 11-8

CONVERSION FROM A TRADITIONAL BEDPAN SANITIZER TO A SINGLE-USE DISPOSABLE SYSTEM, TO ELIMINATE BEDPAN CLEANING AND IMPROVE OPERATIONAL PROCESSES

S. Salmon [1], W. S. Chin [1], D. Fisher [2]. [1]*Nursing Administration, National University Hospital Singapore;* [2]*Department of Medicine, National University Health System, Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore*

Purpose: To assess the potential benefits of a system of single-use receptacles to eliminate the need to share and reuse receptacles amongst patients. Specifically considering productivity gains, prevention infection, cost and acceptance.
Methods: During October & November 2012, NUH trialed a disposable single-use system to understand user challenges and acceptance. The trial was conducted across 4 wards; a Medical ward, an Oncology Ward, the Cardiothoracic Intensive Care Unit and the Emergency Department.
A survey was conducted to receive user feedback and comments (Table 1). Based on user feedback, a proposal for implementation was developed and submitted to the NUH executive board. Patients were also interviewed by staff.
Calculations were made to consider time of nurses and housekeepers in supporting the activities related to the 2 systems, water and power consumption
Results: 24,703 nursing-hours saved p/year (34% savings); 8,460 housekeeping hours saved p/year (100% savings); 50% reduction in water consumption (19,068,816 litres less water used per year); 99.7% reduction in power consumption (4,754,015Kwh less power per year).

Table 1 Nurses Feedback Results

Question	Percentage of respondents in agreement (n = 172)
Training was comprehensive	99%
Installation process was satisfactory	95%
Likelihood that the system will save time therefore giving more time for the patient	92%
Likelihood that the disposable system could help reduce the risk of cross infection	99%
Preference for the disposable system to the previous reusable system	91%
Interest to continue using the new disposable system	90%

Conclusion: Based on overwhelming positive results from the pilot trial, NUH replaced 47 bedpan sanitizer units across 41 inpatient areas during January — March 2014. NUH will continue to review financial and labour savings, patient satisfaction and infection control benefits to ensure optimal results and impact hospital-wide.

OS 11-9

PREVENTING INFECTIONS IN VASCULAR ACCESS — A SUCCESS STORY

Geetha Samethadka. *Bhagwan Mahaveer Jain Hospital, Millers Road, Vasanthanagar, Bangalore 560052, India*

Purpose: Peripheral Intravascular Catheters are common aspect of hospital practice and are commonly associated with phlebitis. This condition causes